



DEPARTMENT OF JUSTICE  
**DIVISION OF GAMBLING CONTROL**  
P.O. Box 168024  
Sacramento, CA 95816  
(916) 263-3408  
(916) 263-3403 facsimile

For Departmental Use Only

GE # \_\_\_\_\_  
WP/Control # \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Fee Received: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
Ent in Database: \_\_\_\_\_

## WORK PERMIT APPLICATION

(Type or print clearly in ink.)

1. Name of Applicant \_\_\_\_\_  
Last (Surname) First Middle
2. Job Title: \_\_\_\_\_
3. Name of Gambling Establishment: \_\_\_\_\_
4. Gambling Establishment Address: \_\_\_\_\_
5. Telephone Number: (\_\_\_\_) \_\_\_\_\_

**I understand that this application is a public document. Any information provided on this form will be available for public inspection (Business & Professions Code §19820).**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Hiring Agent Signature

\_\_\_\_\_  
Date

### NOTICE

**AN APPLICATION MAY NOT BE WITHDRAWN WITHOUT THE  
PERMISSION OF THE DIRECTOR OF THE DIVISION OF GAMBLING CONTROL**